



December 1, 2009

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Dear Members of the CDC HICPAC Committee,

Review of the draft document *Guidelines for the Prevention of Intravascular Catheter-Related Infections*” brings many concerns to the clinicians who provide care to the patients in the alternate site settings (home infusion and home health patient population).

As clinicians our focus is to evaluate the effectiveness of evidence-based practice within the clinical settings of which there are many. The home health community has never been included in the data collection with regard to catheter infections and current practice. Furthermore, the evidence that has been revealed in previous studies is pertinent to the hospital based patient population with particular attention to the ICU patient.

According to the *Infusion Nurses Society: Infusion Nursing An Evidence-Based Approach*, “aseptic technique is described as performing procedures in a manner that will minimize the chance of contamination of pathogens” (Alexander, M., Corrigan, A., Gorski, et al. 2010). Antiseptic solutions which are appropriate and or recommended for care and maintenance include, alcohol, chlorhexidine, povidone-iodine and tincture of iodine. That said, the draft guidelines specifically mention the use of chlorhexidine which may be inappropriate for the use in the long term care of a central catheter in the home infusion setting. Effective skin antisepsis is critical in the prevention of catheter related infections; however, chlorhexidine antisepsis for catheter maintenance is not necessarily the “cure all” for prevention.

As a practicing clinician in the home infusion market for greater than 20 years, much concern is brought forth with the use of chlorhexidine in the care and maintenance of a vascular access device. Chlorhexidine builds up on the skin over time which can cause

skin irritation and breakdown. Patients in the alternate site setting differ greatly than those in a hospital in that vascular access devices remain patent for years and not days. Alcohol and povidone-iodine have been proven to be effective and generally safe as recognized by the FDA. That said clinicians should be allowed to use the product that performs best within their practice environment and best for each specific patient with sufficient evidence based results. Furthermore, the guidelines like the INS standards of practice should allow either or. According to Art, 2005, “it is possible that combination PVP-I and alcohol formulations performs as well as combination CHG and alcohol formulation.” Again we must adhere to what is best for individual practice settings and individual patients. I speak for many home infusion nurses and believe that the guidelines should reveal that long term skin antiseptic agents remains unresolved, thus adherence to the standards of practice is crucial.

Finally, with regard to the biopatch. There are alternatives such as the Algidex silver patch which is proven to be effective. As mentioned previously, patients in the home environment differ than the hospital patient. The home patient may not require a patch at all. Regardless, the clinician should be offered the choice thus the recommendation exclusively for the “biopatch” should be removed as there is not supporting data in the alternate market to warrant exclusively the use of “biopatch”. I recommend that the choice of a patch remain unresolved thus the clinician uses what performs best for the practice environment and the patient.

Thank you for allowing clinicians the opportunity to respond and comment on the proposed draft.

References:

- Alexander, M.A., Corrigan, A., Gorski, L et al (2010). *Infusion Nurses Society: Infusion Nursing, An evidenced-based approach* (3rd ed.). St. Louis, MO: Saunders Elsevier
- Art, G. (2005). Combination povidone-iodine and alcohol formulations more effective, more convenient versus formulations containing either iodine or alcohol alone. *Journal of Infusion Nursing* 28(5) 314-319.